OPTIONAL WORKSHEET

CUMULATIVE ANNUAL STATISTICS ON IMMUNIZATION AGAINST INFLUENZA VIRUS EMPLOYEES

REPORTING PERIOD: September	1, March 31,
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EMPLOYEE NAME	WAS EMPLOYEE IMMUNIZED AGAINST INFLUENZA VIRUS? (Check yes or no)		IF NOT IMMUNIZED AGAINST INFLUENZA, THE REASON IS (Check as many as apply)		
	YES	NO	REFUSED	MEDICALLY CONTRAINDICATED	RELIGIOUS BELIEFS
TOTALS:					